

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 10 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
3053

State File No. 15460
58
Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 da (Specify whether years, months or days)

8. (a) PRINT FULL NAME Lois Ray James

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm James 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased 11-20-1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Phelps co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business
12. Name Emmit H Reiss

13. Birthplace Marion co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Lois Ray
15. Birthplace Phelps co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Wm James

(b) Address Rolla Mo

17. (a) Burial (b) Date thereof 4-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Springs Cem

18. (a) Signature of funeral director St. James
(b) Address 4/18/1944

19. (a) 4/18/1944 (b) Lois Ray James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion 63
(c) City or town Rolla Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15
year 1944 hour 1:40 minute 0 M.

21. I hereby certify that I attended the deceased from April 13, 1944, to April 15, 1944,
that I last saw her alive on April 15, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis Duration _____

Due to Infected uterus

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature Lois Ray James (M. D. or other) Rolla Mo
Address Rolla Mo Date signed 4/18/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed W E Licklider

Licensed Embalmer No. 1930

P. O. Address St James Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.